



**TOWN OF EATONVILLE
UTILITY ASSISTANCE PROGRAM
APPLICATION**

Application for utility assistance as funded by and allowed under the
Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

PLEASE PROVIDE ANY SUPPORTING DOCUMENTS WITH THIS APPLICATION. Complete front and back of the application.

Applicant name

Date

Physical Address

Phone Number

Email Address

Utility Account #

SECTION A: DECLARATION OF HOUSEHOLD INCOME AND DESCRIPTION

Please select all that apply for the last three months and provide appropriate documentation:

1. Income/Benefits from the following sources:

- | | |
|---|--|
| <input type="checkbox"/> Wages/Earned Income | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Other Income |
| <input type="checkbox"/> Veteran's Assistance | |

2. TOTAL MONTHLY INCOME _____

SECTION B: CIRCUMSTANCES

3. ☐ Death of immediate family member due to COVID-19
☐ Loss of job or income due to COVID-19
☐ Loss of childcare due to COVID-19
☐ Sudden illness or injury due to COVID-19
☐ Substantial loss of funds due to COVID-19
☐ Severely disabled or ill household member due to COVID-19
☐ Other (Please describe in detail on back of form)

EXTENUATING CIRCUMSTANCES: Please use the back of this application to provide an explanation for any checked items. Attach additional pages if needed.

Please give a complete account of the circumstances and provide supporting documentation (pay stub, letter from employer, unemployment, etc.)

I certify that I have provided and reviewed the information on this application. This information is accurate to the best of my knowledge. I also give my permission for the Town of Eatonville’s Utility Assistance Program Representative to request/release necessary information that may result in my receiving benefits. I hereby authorize the Town of Eatonville to release billing information to the Town’s Utility Assistance Program Representative in order to process my application.

I understand that I may or may not receive assistance under this program and, if assistance is provided, it will be in the form of an adjustment directly to my Utility Account.

Applicant Signature

Date

Submit Completed form to:

Town of Eatonville

Utility Assistance Program

PO Box 309

Eatonville, WA 98328

Or drop off in the Utility Drop Box

201 Center St W, Eatonville WA

SECTION D: UTILITY ASSISTANCE REVIEWER

___ Approved \$

___ Disapproved

Reviewed by:

Date:

Authorized by:

Date: